Today's Date :				Company Name:				CPNC	CPNC Holder:				
Driver Name:			Drivers	Drivers Permit #			Drivers Permit Expiration Date:			,	Vehicle Inspect Cert Expiration Date:		
Shift Start Time: AM			AM / PM	/ PM Shift End Time:			AM / PM			Total Hours Worked: (hh:mm)			
Meter Total Miles:			Meter Paid	d Miles:		Mete	er Paid Trips:	Meter Units: N		Mete	r Extra Passeng	ers :	
Start Odometer:					End Odometer:					Page	of		
I certify th	nat inform	nation on this form is t	rue and ac	curate (O	perator Sig	gnatur	e):						
Pick Up Drop Off	TIME	ADDRESS / LOCATIO		ON Number Passen					Payment Type Cash / Credit		Lost Item(s)		
Pick Up													
Drop Off													
Pick Up													
Drop Off													
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Today S Da	ate:			Company	name:		Page of			
Driver Name:			Drivers Permit #			Drivers Permit Expiration Date:	CPNC#	CPNC Holder:		
I certify th	at inform	ation on this form is tru	e and ac	curate (Op	perator Signat	ure):				
Pick Up Drop Off	TIME	ADDRESS / LOCATION		l	Number of Passengers		Payment Typ Cash / Credi			
Pick Up										
Drop Off										
Pick Up										
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